Survey feedback

HPP/Healthcare Coalition Regional Model

Thanks to all our partners who participated in the HCC/HPP changes survey. In the spirit of transparency, please see the comments, suggestions and concerns identified via the survey. OEPR staff is working diligently to make sure these are addressed.

HCC Boundaries

Comments

> "Allowing for sub regions is helpful to break up the geography. I support the boundaries as long as each region has flexibility and sub regions are allowed."

Suggestions

- Use RETAC Boundaries as Regional HCC Boundaries
- Retain current HCC boundaries
- Several respondents provided suggestions on how to better reflect the needs of the Northeast and Northwest.

> "I propose that the North Central Region have 3 subcommittees (Metro Foothills Healthcare Coalition, Tri-County Health, HAMR) but a governing committee that consist of 4 chairs of representation-Public Health, Hospital, EMS, and EM."

> " Before any decision is made, speak with representatives from each of these counties and find out who they would rely on in the event of an emergency. Regions should be based on how they would handle a real-life event, otherwise it just doesn't make any sense."

> "We need contingency plans to reach across state lines."

Concerns

- Concerns identified about the proposed regions: geographic areas are too large, too diverse, and have transportation routes that flow into other regions or states. (Most concerns lie within the Northeast and Northwest Regions).

"[Proposed region with a large population center] will result in them dominating issues and services while the frontier counties get ignored or are isolated from services."

"Healthcare entities [within the proposed HCC region] do not necessarily work with each other on a regular or emergency situation"

"The northeast region is the largest geographical region in the state and second in population. Can't understand why the committee feels that all regions are equal?"

Funding Formula: Base Allocation

Comments

"The funds you propose are so little that each county will not have enough to support public education programs."

"I am somewhat concerned for the smaller amounts for the rural and frontier areas. There is less population and resources available and sometimes these areas may need more support being many of these areas have volunteers for response. Recommend discussion to possibly visit the base amounts for each of the 9 regions and increase slightly for the areas of lesser population yet keep hospital impact and travel impact and adjust funds from the remaining."

"I would like to see the base funding increased and the hospital impact reduced or removed. Areas with less hospitals see a lot less funding going to them. Chances are the areas with less hospitals and the poorer areas and probably need the funding more than the urban areas."

Suggestions

- More rural allocation is needed
- Funding formula needs to account for population surge
- Base allocation needs to be increased. ($75K, $100K) allowing for population surge during seasons or regional events
- Account for all HCC partners - not just hospitals
- Align funding with capabilities

Concerns

- Need a better understanding of how contracted services benefit HCC's
- What are the funding guidelines?
- What deliverables will need to be completed?

Funding Formula: Population Impact

Comments

> "Many of our communities in the NW region face large surges in our populations due to recreational activities, so although our base population is perhaps lower, the formula does not account for the millions of skier visits per year! 5.6 at just Vail and Breckenridge alone. This also does not take into consideration summer tourism. I suspect the counties that have lare populations are good with this formula but we have seen disproportionate amounts of homeland security grant funds to to the NCR & SCR since it is a population based and it leaves areas with lower permanent populations with lower permanent populations with far less resources and I am concerned that will happen with the HCC regions as well."

Suggestions

- More equitable funding to allow for population surge
- Rural health needs more funding due to challenges faced

Concerns

- Reducing funding streams would limit population support
- Already a disproportionate amount of grant funds from homeland security
- Rural areas already have scarce resources

Funding Formula: Travel Impact

Suggestions

- Take into consideration the travel costs to attend regional meetings
- Travel should include meals in addition to miles
- Impact of weather on travel / number of required meetings

Fiscal Agent

Comments

> "This should be left up to each regional HCC because what works best for one may not be the case across the state. It would be helpful for CDPHE to distribute a list of some examples of qualified agencies that can serve as the fiscal agent and what the cost would be for each so each HCC can make the decision that works best and makes the more sense for them."

Suggestions

- Should fiscal agents be shared to save on costs
- Unfamiliar territory/guidance needed

Hospital Impact

HPAG Concerns

> "Many hospitals in rural communities have limited staff and long distances between facilities which requires local planning with the nearest facility. There is concern that the local planning and coordination efforts will be moved from a local to a regional perspective which will cause greater travel demands and expectations on existing staff."

- CDPHE response: **The CDPHE and the PHMAC HPP/HCC sub-committee came up with several different funding formulas to take this into account and will be presenting this to the Colorado HCC Council on Friday, March 10, 2017. We think you will appreciate some of the factors that have been added to the formula, such as travel distance.**

> "Currently, HCCs are largely run by public representatives. There is concern for how HPP dollars will be allocated without adequate hospital input. How will hospitals be engaged in the HCC allocation decision making process for both HPP and PHEP dollars?"

- CDPHE response: **The CDPHE distributes the Public Health Emergency Preparedness (PHEP) grant to local and regional public health agencies. The CDPHE has to provide CDC with a concurrence letter from CALPHO, the directors of the local and regional public health agencies approve this PHEP LPHA funding formula yearly. This letter of concurrence from CALPHO is forwarded (as a requirement of the grant application) to CDC every year during the application process for the PHEP funding. CALPHO is also a member of the OEPR Public Health and Medical Advisory Committee (PHMAC).**

Currently several hospitals, CHA and the HCC Council co-leads are represented on the PHMAC and the PHMAC HPP/HCC subcommittee. OEPR will continue to use the PHMAC and the PHMAC HPP/HCC subcommittee to share this information and provide input to OEPR.

"Hospital input appears to have been left out of the HPP and HCC discussion and decision making process other than webinars and there is concern that there is no existing process for hospital input to be considered moving forward."

- **As noted above, the CDPHE OEPR will continue to use the PHMAC as our OEPR advisory board. We also continue to use the PHMAC HPP/HCC sub-committee for this purpose for next year's budget, HPP funding formula, and the HCC work plan for 2017-2018. Several hospitals, CHA and the Colorado HCC Council co-leads are on the PHMAC and the PHMAC HPP/HCC subcommittee. We will continue to use the PHMAC and PHMAC HPP/HCC subcommittee to share this information and provide input to OEPR.**

  We are also utilizing our CDPHE webpage to share this information. Since January 1, 2017 309 unique users have the Health Care Coalition page and 50 unique users have visited the HCC FAQ page.

"Consider using the draft NCR HCC governance for planning and allocation of resources as a statewide model for other HCCs. This governance model includes representatives from hospitals/health systems, EMS, public health and emergency management."

- **Please contact Mac Butterfass Maclaine.Butterfass@sclhs.net for a copy of the model.**

"Review the usage of already procured services (like EMResource) by hospitals to determine if current procured services are the best use of HPP dollars. Look at alternative systems, such as JPATS."

"Assure that hospital representatives are part of the process as the state continues to determine the work for the plan for the HPP Grant requirements and how HCCs will be re-organized and operationalized."

"To assist with better coordination and collaboration, consider developing two separate matrices for HPP requirements and PHEP requirements detailing what is required by what budget period and distribute both matrices to all HCC partners."

Q&A: 3/9/17 HPAG Meeting

Question: The past HPP funding model required hospitals to participate in HCCs and they were guaranteed $10,000. The new funding model requires HCCs to have hospitals as a core member and the new capabilities increase the workload on hospitals and removes the direct funding. Some hospitals are struggling to justify to senior leadership the sudden loss of funding and how their participation in a HCC will benefit them above and beyond the planning work that already takes place with community partners and existing HCC boundaries. Hospitals also struggle with how their participation in an HCC will be beneficial to them. Unfortunately, in many cases, the regional model may not achieve the intended goal due to geography, healthcare system requirements, and typical EMS transfer patterns. They've been told that their participation in an HCC helps to build stronger and more prepared regional healthcare systems; however, hospitals already maintain close working and planning relationships with other hospitals and health clinics in their immediate vicinity. Basically, what incentive is there for hospitals to participate in HCCs outside of the "community participation" benefit?

> **Answer: The CDPHE OEPR is following the ASPR/HPP Funding Opportunity Announcement (FOA) where it directs CDPHE to fund Healthcare Coalitions (HCCS). Hospitals and other coalition members would benefit from preparing, training and exercising with other response agencies and service providers in the region, such as the upcoming medical surge exercise. CDC requires participation to ensure the entire region will be able to work together when necessary.**

Question: Most HCCs are led by public health. Would HCCs be better served by being led or co-led by health care representatives who are more closely aligned to the HPP Grant requirements?

> **Answer: Each regional HCC independently decides how the coalition is led and by which members. At the end of Budget Period 4, 24 were led or co-led by public health and hospitals; nine were led by hospitals/medical sector agencies; and one was led by a behavioral health/mental health facility. (Note: Leadership roles may have changed since June 30, 2016.)**

Question: The aligned program between HPP/PHEP serves as an opportunity to continue coordinated preparedness efforts between health care and public health through HCCs. Based on the wording, it seems as though HCCs should be funded by both HPP and PHEP grant funds. Can PHEP funding be used to support HCCs?

Quote from FAQ CDPHE-OEPR-HCC-Website:
"The HPP is more focused on healthcare and believe by filtering the monies through HCCs the hospitals will benefit from the community-based collaboration. PHEP and

our public health agencies will be required to continue to support their HCCs. Local public health agencies will have several deliverables in their upcoming work plan to support and assist their regional HCCs. Currently there are no changes to the PHEP funding due to the changes to HPP."

> **Answer: The CDPHE distributes the Public Health Emergency Preparedness (PHEP) grant to local and regional public health agencies. The CDPHE has to provide CDC with a concurrence letter from CALPHO, the directors of the local and regional public health agencies, who approve the PHEP LPHA funding formula yearly. This letter of concurrence from CALPHO is forwarded as a requirement to CDC every year during the application process. In the PHEP requirements, local public health agencies are required to participate in HCCs, just as your hospital members are required to participate in planning with the LPHAs.**

Question: Does the PHEP grant require public health agencies to participate in HCCs?

> **Answer: Yes, it is noted in the HPP and PHEP Cooperative Agreement FOA for 2017-2018. *(Answered in the FAQs located on the CDPHE-HCC webpage)***

Question: What are the risks and/or disadvantages to hospitals if they remove themselves from the HPP and opportunity for receiving HPP funding?

> **Answer: Non-participants will not be eligible for HPP funds. HPP funds will no longer support single-facility exercises. This is consistent with both the new and existing CMS rules.**

Question: What amount of HPP funding is allocated to already procured services such as EMResource?

> **Answer: In the current buget period 5, CDPHE budgeted $443,000 for all three suites of EMSystems: EMResource, EMTrack and eICS.**

Question: How many hospitals currently use EMResource and other already procured services that are funded by the HPP grant?

> **Answer: We have several ways to pull data from all our systems: EMSystems, Colorado Volunteer Mobilizer (CVM), CO.Train, CO.Help, and Colorado Notification System(CNS)/Colorado HAN that are all centrally procured by CDPHE. Please let us know which year and we will gather this information from our systems team here in OEPR.**

Question: Do HCC's/hospitals have the choice to opt out of EMResource, or other already procured services and use the funds to support hospitals in meeting HPP capabilities?

Answer: We would hope they would not opt out of these centrally procured services as these link information within their own hospital systems, regions and states. These systems are used for drills, exercises, everyday events and real world events. Also, the required medical surge exercise will be utilized in EMSystems as other drills have been done for Immediate Bed Availability (IBA), in the past etc.

Question: Is the federal JPATs program a viable replacement option for EMResource?

Answer: The CDPHE is required by the State Procurement Rules to solicit bids for IT systems. Intermedix (EMSystems) won the bid process and was the system procured. EMResource is part of the EMSystems suites.

Question: Alternately, is Salamander, a system that has been purchased patient tracking functionally?

Answer: The CDPHE is required by the State Procurement Rules to solicit bids for IT systems. Intermedix (EMSystems) won the bid process and was the system procured. EMSystems is part of the EMSystems suites.

Question: HPAG has requested a more detailed budget on how HPP funding is allocated to OEPR staff and what activities/services they provide related to the HPP capabilities.

Answer: Various OEPR staff over the years have supported HPP capabilities by providing trainings, technical assistance, drills and exercise support. Example: Garry DeJong has participated in the 2016 Healthcare Summit and also with Tri-County, Korey Stark, emergency management and others to further this collaborative endeavor.

Question: How have OEPR staff supported hospital preparedness efforts in the past to meet HPP capabilities outside of grant management and administration?

Answer: Various OEPR staff over the years have supported HPP capabilities by providing trainings, technical assistance, drills and exercise support. Example: the functional exercises in 2016-2017.

Question: Are public health regional staff funded by HPP dollars? If so, what support do they provide to hospital preparedness in meeting HPP capabilities?

Answer: No EPR public health regional staff are funded by HPP dollars.

Question: How do you envision sub-HCC regions within a region will operate? What are the primary decisions/responsibilities of a regional HCC?

Answer: ASPR HPP specifically noted in the FOA that they do not support sub-HCC regions within a regional HCC. The primary responsibilities of regional HCCs will be detailed in their HCC work plans and guidance provided by ASPR HPP in the FOA. The CDPHE-OEPR will also provide continued guidance and technical resources.

Question: With the new HPP guidance and personnel limits at the state-level, how will this impact OEPR funded positions? How will their positions support the new HPP capabilities?

Answer: The CDPHE OEPR is addressing this internally. All of our OEPR staff support various aspects of the new HPP capabilities and PHEP capabilities.

Question: Do you anticipate that HPP Funding will cease after 2022 and what is the federal expectation regarding “creating a sustainable” HCC?

Answer: We are not sure whether HPP funding will be available after 2022. Creating "sustainable" HCCs is noted in the FOA and we interpret this to mean it is a high priority for all states and their grantees.